

**ALBUQUERQUE HUMAN RIGHTS OFFICE  
COMPLAINT FORM**

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Print this form and mail to the below address, or call (505) 924-3380 with this information.

**Albuquerque Human Rights Office  
Investigations Unit  
P.O. Box 1293  
Albuquerque, NM 87103**

Date:
Who referred you to us?

<b>Person making complaint</b>
NAME:
ADDRESS:
CITY
DAYTIME PHONE NO. <span style="float: right;">EVENING PHONE NO.</span>

<b>Who else can we call if we cannot reach you?</b>
(1) CONTACT'S NAME:
BEST TIME TO CALL
(2) CONTACT'S NAME:
DAY TIME PHONE NO. <span style="float: right;">EVENING PHONE NO.</span>

**COMPLAINT INFORMATION**

1. What happened to you? How were you discriminated against?


2. IN WHAT AREA?

☐ EMPLOYMENT

☐ HOUSING

☐ PUBLIC ACCOMMODATION

☐ OTHER

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**PAGE 2**

**3. ON WHAT BASIS?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Race                     | <input type="checkbox"/> Sex (gender)       | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Color                    | <input type="checkbox"/> Sex (pregnancy)    | <input type="checkbox"/> Mental Disability   |
| <input type="checkbox"/> National Origin/Ancestry | <input type="checkbox"/> Sexual Harassment  | <input type="checkbox"/> Familial Status     |
| <input type="checkbox"/> Religion                 | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Age                 |
| <input type="checkbox"/> Gender Identity          |   | <input type="checkbox"/> Other               |

**4. Why do you believe you were discriminated against?**

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Who do you believe discriminated against you?	
NAME:	PHONE NO.
ADDRESS:	
CITY:	
TYPE OF BUSINESS, HOUSING, OR PUBLIC ACCOMMODATION:	

Where did the alleged discrimination occur?	
ADDRESS:	PHONE NO.
ADDRESS:	
When did the last act of discrimination occur? Or is it Ongoing?	
DATE:	